

State of Hawaii  
Department of Labor and Industrial Relations  
Unemployment Insurance Division  
**VERIFICATION OF PARTIAL UNEMPLOYMENT STATUS**

Employer Name:  
Address:  
City, State, and Zip Code:

Mail Date:

Claimant's Name:

SSN: XXX-XX-

Partial unemployment insurance claims may be filed by a full-time employee who works less than full-time hours each week due to a temporary lack of work. The above individual has filed a claim for partial unemployment benefits and verification is needed to determine if the individual meets the definition of partial unemployment. **Please complete and return this form to the claims office indicated below within 5 working days from the mail date above.** If the completed form is not returned by the prescribed deadline date, the individual will be considered separated from employment (totally unemployed) for the purposes of unemployment eligibility requirements. The individual will be required to register for work with the State Workforce Development Division or to follow their Union job placement requirements and to start actively seeking work opportunities with other employers for each week benefits are claimed.

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|--|-----|----|
| 1. Employee was a full-time worker prior to work hours being reduced.<br>(If No, stop and return this form)  | YES | NO |
| 2. Employee is not working full-time hours due to a temporary lack of work.<br>(If No, stop and return this form)  | YES | NO |
| 3. Employee will continue to be regularly scheduled or offered reduced hours each week.  | YES | NO |
| 4. Are you as the employer, continuing to pay for medical insurance; or maintaining the individual's sick leave or vacation credits? (Check "NO" if vacation credits or medical insurance benefits are being maintained by way of a union trust fund). | YES | NO |

If questions 3 and 4 are "NO", please answer the following question

- |  |     |    |
|--|-----|----|
| 5. Do you have a definite return to work date for this employee? | YES | NO |
|--|-----|----|

I certify that the above information is true and correct to the best of my knowledge.

Employer/Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Contact person for payroll to verify earnings: \_\_\_\_\_

Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Return form to: {merge local office}

**UNEMPLOYMENT INSURANCE DIVISION**  
Local Claims Office Information

**Oahu**

**Oahu Claims Office**

830 Punchbowl St., Rm 110  
Honolulu, HI 96813-5080  
Ph: (808) 586-8970, Fax: (808) 586-8980  
Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Waipahu Satellite Office**

94-275 Mokuola St., Rm. 301  
Waipahu, HI 96797-3369  
Ph: (808) 586-8970, Fax: (808) 586-8980  
Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Liabile Interstate Unit**

830 Punchbowl St., Rm 110  
Honolulu, HI 96813-5080  
Ph: (808) 586-8960, Fax: (808) 586-8980  
Email: [dlir.ui.oahu@hawaii.gov](mailto:dlir.ui.oahu@hawaii.gov)

**Hawaii**

**Hilo Claims Office**

1990 Kinoole St., Rm 101  
Hilo, HI 96720-5293  
Ph: (808) 974-4086, Fax: (808) 974-4085  
Email: [dlir.ui.hilo@hawaii.gov](mailto:dlir.ui.hilo@hawaii.gov)

**Kona Claims Office**

81-990 Halekii St., Rm 2090  
PO Box 167, Kealahou, HI 96750-0167  
Ph: (808) 322-4822, Fax: (808) 322-4828  
Email: [dlir.ui.kona@hawaii.gov](mailto:dlir.ui.kona@hawaii.gov)

**Maui**

**Maui Claims Office**

54 South High St., Rm. 201  
Wailuku, HI 96793-2198  
Ph: (808) 984-8400, Fax: (808) 984-8444  
Email: [dlir.ui.maui@hawaii.gov](mailto:dlir.ui.maui@hawaii.gov)

**Kauai**

**Kauai Claims Office**

4370 Kukui Grove St., Ste 3-214  
Lihue, HI 96766  
Ph: (808) 274-3043, Fax: (808) 274-3046  
Email: [dlir.ui.kauai@hawaii.gov](mailto:dlir.ui.kauai@hawaii.gov)

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**Employment Security Appeals Referees' Office**

830 Punchbowl St., Room 429  
Honolulu, HI 96813-5080  
Ph: (808) 586-8930, Fax: (808) 586-8944  
E-mail: [dlir.esaro@hawaii.gov](mailto:dlir.esaro@hawaii.gov)